WFISD

Department of School Health Services

Prescription Medication / Treatment Request

Parent/Guardian must acknowledge and initial each line when it is necessary for students to receive medications while at school.

_____ Parents/Guardians must provide and deliver all medication(s) to the school nurse. **No exceptions.**

_____ First doses of medications should be administered at home, not at school.

_____ Medication suitable for administration outside of school hours should also be given at home, not school.

_____ Medication must be in a pharmacy labeled bottle, properly labeled with the student's name, physician, medication name, administration directions with dosage and prescription date issued. Outdated or expired prescription bottles will not be accepted. *You may ask your pharmacist for a second, properly labeled bottle so you have one for home and one for school.*

_____ Medications in baggies or unlabeled containers will not be administered. Altered labels by parent/guardian will not be accepted.

_____ A Prescription Medication Request Form must be completed each school year and updated for any changes, including medication or dosage adjustments. Each medication requires a separate form. Medications will not be administered without the physician's order.

_____ Parents/Guardians are encouraged to promptly collect discontinued medication. Medications not picked up will be destroyed after 5 days. *Any remaining medications not picked up before the end of the school year will be disposed of.*

_____ Emergency medications are available **ONLY** during duty hours. Due to the nature of medications being locked away for safety reasons and limited access please consult with your child's physician should you feel they need to carry any lifesaving medications before or after school, otherwise 911 will be called for emergencies. Students must be able to demonstrate proper medication use to the school nurse before being allowed to carry emergency medications such as inhalers, EpiPens, or diabetic glucose, etc.

PARENT

Student:_____ Birthdate:_____ Grade:_____

School:_____ Medication/Food Allergies: _____

❒Yes-Student may take morning dose of medication at school, if forgotten at home, **with parent permission by phone**
Parent Signature_____ **Date** _____
My signature below indicates that I request WFISD staff (may include trained Non-Medical personnel) to administer the medication specified below to my child, and I am giving permission for WFISD staff to contact the physician for additional information, if needed. I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose information to those within the school district who have a need to know for legitimate educational purposes.

Parent Signature:_____ Email Address: _____

Phone (Home):_____ (Work):_____ (Cell): _____

PHYSICIAN

Medication/Treatment:_____

Dosage:_____ Route:_____ Time:_____

Special Instructions/Precautions/Side Effects of thismedication: _____

Condition for which medication is required:_____ Termination Date of Medication: _____

Physician (Print) _____

Physician's Signature:_____ **Date:** _____

Phone:_____ **Fax:**_____

Is the above order an emergency rescue medication? ❒ Yes ❒ No
Is the student capable and allowed to self-carry? ❒ Yes ❒ No
If YES, fill out the medication self-carry agreement form 499-131-A

Medication/Procedure Order Reviewed by Supervising RN: _____ **Date:** _____

Student Name: _____

FOR WFISD STAFF ONLY

Medication Count: (Controlled Medications Must Be Counted)

Date	Time	Med Name	Amount of Med in Clinic Now (Number)	Number Received From (+) OR Returned To (-) Parent	TOTAL	Parent/Guardian Signature	Nurse Signature

End-Of-Year Medication Disposition:

Date	Time	Med Disposition Code*	Med Destroyed Code**	Nurse Signature	2nd WFISD Signature***

***Med Disposition Codes:** **PD:** Prescription Depleted; **DC'D:** Med Discontinued; **MD:** Med Destroyed; **P/U:** Picked Up by Parent/Guardian

****Medication Destroyed Codes:** **W:** Wasted (contaminated); **D:** Discontinued – left in clinic; **E:** End of School – left in clinic; **C:** Student changed schools/moved – left in clinic

*** 2nd signature only needed if medication is wasted; must be RN if a controlled medication is wast